

## Meeting Notes

1. Introductions by participants:

Ed Barthell, Chair  
Fred Wesbrook  
Janice Hand  
Kathy Blair  
Lowell Keppel  
Dana Richardson

Denise Webb  
Arthur Wendel  
Murray Katcher  
Seth Foldy  
Larry Hanrahan  
Susan Wood

2. Minutes of the July 18 meeting were circulated for review and there were no changes.

3. Report on priority rankings by the Consumer Interests Workgroup

- a. The Consumer Interests group is reviewing the priorities that the Patient Care group developed to include in the summary view of information about a patient. The purpose for their review is to note any areas where privacy and security concerns are expected and to consider if there are other data elements to add to make the summary more consumer-friendly. This review is underway and will be discussed by the Consumer Interests team at their meeting on July 28.
- b. When the Consumer Interests Workgroup prioritized the various components of eHealth (using the electronic survey that was also completed by the Patient Care group) they placed a high priority on these features:
  - Access
  - Security,
  - Communications
  - Decision support, including practice guidelines for specific conditions
- c. Seth Foldy will find out if decision support is for clinicians, patients or both.

4. Report on advance directives. At an earlier meeting the workgroup asked staff to research what other states are doing with registries of advance directives and inclusion in plans for statewide data exchange.

A number of states have already implemented an online advance directive registry. In most cases, these are stand-alone systems not linked to statewide health information exchange initiatives. Examples include Arizona, North Carolina and Vermont.

In addition, a number of states have developed legislation regarding an electronic advance directives registry, including Kansas, Louisiana, Minnesota, Montana, New Hampshire, New York and Ohio.

In January 2005, at the direction of the legislature, the Vermont Health Department conducted an advance directive feasibility study to identify the needs and desired features for a Vermont advance directive registry; review existing advance directive registries; and propose an implementation plan for a Vermont registry. The study addressed sustainable financing and governance. They found a system already developed in Missoula, Montana (Choices Bank) that meets their requirements and are planning to transfer it to Vermont.

The Patient Care Workgroup ranked advance directives relatively low in their ranking of priority data elements and reaffirmed that in this discussion. Dr. Wesbrook noted that while it was ranked low, the expectation is that it will be included eventually. Generally the information if available at all is in a yes/no format which requires going to another location to get the content of the directive. The goal is to have advance directive content information incorporated into the patient summary accessible through a common portal.

#### 5. Developing use case scenarios























Seth Foldy walked the group through various options for use cases, including those that have been prioritized by the American Health Information community plus recommendations from Dr. Barthell and others to determine exactly what to recommend for Wisconsin and in what sequence. The options included:

- Lab results – delivery and look-up
- Demographics for patient registration – known as the “clipboard” – the idea is the patient can send this to various providers
- Biosurveillance
- Emergency room registration
- Primary care physician wants to see medication list (including allergies if possible ) for a new patient

The American Health Information Community (AHIC) is the national eHealth Board, convened by Secretary Leavitt of DHHS. Their intent in working with these use cases is to make early progress in a way that is consistent with their broader goals to harmonize data standards, certify systems, inform early prototypes of the National Health Information Network, and align with the Health Information Security and Privacy projects.

The group also discussed the concept of directing consumers to medical advice on various Web sites as the patient portal is developed. They concluded that this is not in the scope of this eHealth Plan, because it should be part of the patient – physician relationship, and many physicians and health plans already do so.

Workgroup members considered the options for use cases from various perspectives including the priorities established by AHIC and the impact on public health, cost, and improvement in safety and quality of health care. They then developed the following proposals for Wisconsin to consider:

Wisconsin Proposed Use Cases <sup>1</sup>	Correspond or expand upon American Health Information Community Harmonized Use Case:
<b>1. Result and document delivery</b>  Public Health (PH) Electronic Lab Reporting (Mandated)  PH Lab Decision Support Alerts  Result & document look-up  Image delivery and/or look-up  “Original record” content (eg, clinical records, test interpretations) linked to patient summaries for look-up	1. Laboratory Results Reporting use case
<b>2a. Registration and claims record repository</b>  Registration-driven authorization for look-up functions  Look-up prior visits/diagnoses  PH chief complaint (CC) surveillance  PH CC Decision Support Alerts <sup>2</sup>  PH demographic Decision Support Alerts  PH resource utilization surveillance <b>2b. Patient Health Record registration module</b>  Patient data aids registration  Advance directives viewable <b>2c. Medication-Allergy-Immunization record</b>  Clinician look-up or download  Allergy/interaction decision support  Patient adherence decision support  Formulary decision support  EBM guidelines decision support  PH medication DSAs [SUGGEST DELETE THIS]  Added to Patient Health Record  Future patient decision support  Patient annotation of medical-allergy-immunization record <b>2d. Harmonization of WIR-RECIN data and function</b> (Above-mentioned surveillance of mandated laboratory reports, chief complaints and health care resource utilization)	2. Consumer Empowerment (registration and medication history) use case
	3. Biosurveillance use case

6. Vetting results with stakeholders. A list of stakeholder groups will be compiled. Dana Richardson will send Susan Wood a list used by WHA as a place to start. A session will

<sup>1</sup> Arrows indicate subsequent use case development that is at least partially dependent on prior use case development.

<sup>2</sup> PH Decision Support Alerts: envisions possible transmission of a public health message to a provider (possibly later to patients) related to a patient with a particular laboratory result (e.g., lead level, syphilis test); chief complaint; or demographics/past diagnoses (e.g., asthma). A suggestion was to Delete the medication alert because the medication list as currently envisioned is historical, not real-time (as opposed to an e-prescribing system) and alerts based on historical data may be both repetitive and irrelevant.

be arranged for September to which the groups will be invited to learn more about what the Patient Care group is recommending and why, and to get reaction and advice. Materials will be sent out in advance and the session will be webcast. The Consumer Interests group is also planning a session for September 13 with a different focus; it will be important that the two events are coordinated and also important to be sure to consider the HIT needs of public sector health care providers along with those of private sector providers.

7. Plans for the Patient Care Workgroup report to the eHealth Board on August 3, 2006. A template for the report by each workgroup has been set up that includes;:
  - Assumptions made by the workgroup
  - Progress in achieving the assignments set out in the charter
  - Issues for the eHealth Board

A draft of the Patient Care report will be sent out this week for review and comment by Monday morning, July 31.

8. Scheduling future meetings

Four meetings will be scheduled in Milwaukee over the next two months. Proposed dates and times are:

August 10, 1-3 PM

August 24, 1-3 PM

September 7, 1-3 PM

September 21, 1- 3 PM

A west-side Milwaukee location will be identified and people can participate by conference phone.

Agenda items for upcoming meetings include:

- Direction from the eHealth Board
- Further work on use cases
- Specific plans for vetting recommendations with stakeholders
- A report from public sector health care providers (Corrections and Mental Health) on their plans to adopt health information technology
- Review of final recommendations to the eHealth Board for the Action Plan to the Governor